



# THE COUNSELING AND WELLNESS C E N T E R

## Symptom Inventory

On the left side please list the physical sensation, thoughts, emotions or behaviors that you experienced throughout the week. Then on the right hand column, write the date they occurred (there could be many of the same dates if you had the same experience. In the last column write a description of the event.

|   | When and How often | Description |
|---|--------------------|-------------|
| <b>Physical Sensations</b><br><hr/> <hr/> <hr/> |                    |             |
| <b>Thoughts</b><br><hr/> <hr/> <hr/>            |                    |             |
| <b>Emotions</b><br><hr/> <hr/> <hr/>            |                    |             |
| <b>Behaviors</b><br><hr/> <hr/> <hr/>           |                    |             |